

MDR Tracking Number: M5-04-0505-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-17-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the work hardening/conditioning, team conference and work hardening/conditioning additional hours from 08/01/03 through 08/18/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 05/02/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29th day of December 2003.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

December 18, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0505-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient was injured on ____ when he struck a ladder with his right elbow. He was diagnosed with a fracture of the radial neck and lateral condyle of the humerus. The patient underwent a left lateral epicondylar release in January 2003. He attended post operative physical therapy and then a course of work hardening on 07/09/03.

Requested Service(s)

Work hardening/conditioning, team conference by physician, and work hardening/conditioning additional hours from 08/01/03 through 08/18/03

Decision

It is determined that the work hardening/conditioning, team conference by physician, and work hardening/conditioning additional hours from 08/01/03 through 08/18/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There was a five hour evaluation and summary report dated 06/25/03. The results revealed some areas of weakness. However, there were many areas in which the "medium to heavy" level was obtained. There was no documentation indicating why a multi-level work hardening program was medically necessary for treatment of his right elbow injury. Review of the records also indicated that the patient sporadically attended the program. There is mention in the notes regarding irregular attendance, family problems, family emergencies, illness, car overheating, etc. In addition, no specific job simulation tasks were documented and throughout the treatment, the patient's pain was reported at or near six out of ten. Although the facility is CARF (The Commission on Accreditation of Rehabilitation Facilities) certified, this does not establish medical necessity for a work hardening program. Therefore, it is determined that the work hardening/conditioning, team conference by physician, and work hardening/conditioning additional hours from 08/01/03 through 08/18/03 were not medically necessary.

Sincerely,